

In the Matter Of:

K.C., ET AL

-v-

INDIVIDUAL MEMBERS OF MEDICAL LICENSING BOARD OF INDIANA, ET AL

Dr. Catherine Bast + Michelle (Mixhi) Marquis, 30(b)(6) Mosaic

May 15, 2023

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

K.C., et al.,)
)
Plaintiffs,)
)
-v-) CASE NO.
) 1:23-cv-00595-JPH-KMB
THE INDIVIDUAL MEMBERS OF)
THE MEDICAL LICENSING BOARD)
OF INDIANA, in their official)
capacities, et al.,)
)
Defendants.)

The 30(b)(6) deposition upon oral examination
of MOSAIC HEALTH AND HEALING ARTS, INC., by
DR. CATHERINE BAST and MICHELLE (MIXHI) MARQUIS,
witnesses produced and remotely sworn before me,
Debbi S. Austin, RMR, CRR, Notary Public in and for
the County of Hendricks, State of Indiana, taken on
behalf of the Defendants via Zoom videoconference on
May 15, 2023, at 9:37 a.m., pursuant to the Federal
Rules of Civil Procedure.

STEWART RICHARDSON & ASSOCIATES
Registered Professional Reporters
(800)869-0873

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(All participants via Zoom videoconference)

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1 INDEX OF EXAMINATION

2 EXAMINATION PAGE

3 By Mr. Fisher: 6

4 By Mr. Falk: 162

5 By Mr. Fisher: 168

6

7

8

9

10 INDEX OF EXHIBITS

11 NUMBER DESCRIPTION PAGE

12 Exhibit 1 Defendants' Amended 9
Notice of 30(b)(6) Deposition13 Exhibit 2 Attachment to Deposition 9
14 Notice15 Exhibit 3 Designation of Deponents 10
16 for Purposes of FRCP 30(b)(6)
Deposition and Objections17 Exhibit 4 Defendants' First 11
18 Requests for Production to
Plaintiffs19 Exhibit 5 Plaintiffs' Responses and 11
20 Objections to Defendants' First
21 Requests for Production to
Plaintiffs22 Exhibit 6 Declaration of Michelle 12
(Mixhi) Marquis23 Exhibit 7 Declaration of Dr. 17
24 Catherine Bast

25

1	INDEX OF EXHIBITS (CONT'D.)		
2	NUMBER	DESCRIPTION	PAGE
3	Exhibit 8	Class Action Complaint for	38
4		Declaratory and Injunctive	
5		Relief/Notice of Challenge to	
		Constitutionality of Indiana	
		Statute	
6	Exhibit 9	Senate Enrolled Act No.	32
7		480	
8	Exhibit 10	Informed Consent for	64
9		balancing hormones in Gender	
		Diverse people	
10	Exhibit 11	Consent for hormonal	65
11		suppression with GnRH therapy	
12		for transgender youth	
13	Exhibit 12	Transitioning Informed	65
		Consent Document - Feminizing	
		Medications for Transgender	
		Clients	
14	Exhibit 13	Transitioning Informed	66
15		Consent Document - Testosterone	
		for Transgender Clients	
16	Exhibit 14	M.R. Medical Records	101
17	Exhibit 15	List of LGBTQ+ Open &	153
18		Accepting Counselors	
19	Exhibit 16	Masculinizing Informed	140
20		Consent for balancing hormones	
		in Gender Diverse people	
21	Exhibit 17	Feminizing Informed	141
22		Consent for balancing hormones	
		in Gender Diverse people	
23	Exhibit 18	Feminizing Social	161
		Transitions: What to know	
24	Exhibit 19	Masculinizing Social	161
25		Transitions: What to know	

Informed Consent for balancing hormones in Gender Diverse people



We believe that even if you are younger than 18, you get to make choices about your own body. We respect your choices. This signed document indicates that we have discussed hormone treatment for your needs and that you understand what we know and what we don't know about potential risks of changing the hormone balance in your body, and what changes are permanent and which are not. This document also indicates that one adult in your life over the age of 18 is supporting you in this decision.

Hormone blocking at the level of LH/FSH

Methods: subdermal implant (Supprelin), injections (Lupron)

Both same mediation: Luprolide

What we know:

- Luprolide prevents the anterior pituitary gland from making FSH and LH which means that neither testosterone or estradiol will be made by the organs that you were born with. Some testosterone gets made in the adrenal glands (usually small amounts) and this will continue. Some estradiol is converted from testosterone to estradiol in fat under the skin and this will continue. We know that LONG term blocking of testosterone and estrogen will weaken bones.
- This medicine has been used for years in the treatment of precocious puberty.

Permanent changes: none

What we don't know:

- How many years of blocking before either testosterone or estrogen is needed to support bone development, early data suggest that 3 years may be the line
- The effect on long term fertility
- The effect on long term metabolism.

Please sign here if you have read the above and talked with your provider about any other questions that you might have and you want to begin hormone blocking.

Printed Patient Name

Date of Birth

Printed Parent Name

Date

Patient Signature

Date

Parent Signature

Exhibit

10

05/15/23

Informed Consent for balancing hormones in Gender Diverse people



We believe that you get to make choices about your own body. We respect your choices. This signed document indicates that we have discussed hormone treatment for your needs and that you understand what we know and what we don't know about potential risks of changing the hormone balance in your body, and what changes are permanent and which are not.

Increasing testosterone:

What we know:

Increasing testosterone in the body leads to some changes that are permanent and some that are not..

Permanent:

Voice deepening
Clitoris growing

Not permanent:

Skin changes: more oily, sometimes more acne
Hair growth on body
Hair loss on head (sometimes permanent)
Fat redistribution
Stopping periods
Increasing Red blood cell production
Increased muscle mass and creatinine production

- People whose bodies are at higher concentration of testosterone have higher risk of heart disease, high cholesterol and high blood pressure. These are all modifiable by diet, exercise and medications. Taking testosterone that is NOT made by your body does not increase your risk of these effects MORE than if your body made it.
- Testosterone is dangerous to unborn babies.
- It is possible to get pregnant while on Testosterone EVEN if periods have stopped.
- For those that engage in sexual activity that could produce a new human, condoms are first line and consider copper IUD (non hormonal birth control).

What we don't know:

- How hormonal birth control (depot shot, birth control pills, Mirena IUD) interact with testosterone
- What Testosterone does to fertility. Some trans men come off T and get pregnant and birth babies, have no long term data on these humans

Please sign here if you have read the above and talked with your provider about any other questions that you might have and you want to begin taking testosterone.

Printed Patient Name

Date of Birth

Printed Parent Name

Date

Patient Signature

Date

Parent Signature

Exhibit

16

05/15/23

Informed Consent Model of Care

The informed consent model of care respects your fundamental human right to self-determination and bodily autonomy. The purpose of this document is to indicate, in writing, that you consent to masculinizing hormone therapy as part of a gender affirmation process. This form may be signed by any person of sound mind over the age of 18, or younger, with the cosignature of a parent or guardian.

This document relates to the hormone testosterone. Your provider will discuss with you all of the information relating to starting hormone therapy. Please read and understand the following information, and raise any questions you have with your provider.

Patient Information Sheet:

Expected changes on masculinizing hormone therapy

Typical changes from Testosterone (varies from person to person)

<i>Average timeline</i>	<i>Effect of Testosterone</i>
<i>1–3 months after starting testosterone</i>	<ul style="list-style-type: none">• decreased estrogen in the body• increased sex drive• vaginal dryness• growth of the clitoris - typically 1–3 cm• increased growth, coarseness, and thickness of hairs on arms, legs, chest, back, & abdomen• oilier skin and increased acne• increased muscle mass and upper body strength• redistribution of body fat to the waist, less around the hips
<i>1–6 months after starting testosterone</i>	<ul style="list-style-type: none">• menstrual periods stop
<i>3–6 months after starting testosterone</i>	<ul style="list-style-type: none">• voice starts to crack and drop within first 3–6 months, but can take a year to finish changing
<i>1 year or more after starting testosterone</i>	<ul style="list-style-type: none">• gradual growth of facial hair (usually 1–4 years)• possible male-pattern balding

Patient Information

Permanent changes expected while on masculinizing hormone therapy:

- Increased facial and body hair
- Deepened voice
- Enlargement of erectile genital tissue (phallus / clitoris)
- Possible male pattern balding
- Possible permanent infertility

Reversible changes possible while on masculinizing hormone therapy:

- Increased libido
- Body fat redistribution
- Coarser and oilier skin
- Acne of face, chest and back
- Stopping of menstrual periods
- Vaginal dryness
- Raised cholesterol
- Increased blood pressure
- Mood changes - aggression, depression

Potential side effects and risks of masculinizing hormone therapy:

- Polycythemia - increased number of red blood cells, resulting in “thickened” blood
- Increased risk of cardiovascular disease
- Difficulty controlling blood sugars in people with diabetes
- Osteoporosis
- Liver damage
- Increased salt and water retention

Masculinizing hormone therapy affects everyone differently, and there is no way to predict exactly how the body will change. Some of the long term effects of masculinizing hormone therapy are not yet known.

The use of masculinizing hormones do not guarantee infertility, and contraception should be used when having sex that puts someone at risk of pregnancy. Getting pregnant while taking testosterone could put the baby at serious risk of harm.

Gender affirming hormone therapy means that provider visits will be necessary to have blood tests at regular intervals throughout life. Appointments will be more frequent at first, and then every 6-12 months when hormone levels are stable. Be ready to make this commitment to health.

Gender affirming hormones are only a part of overall health, and a range of preventative health activities are recommended. These include but are not limited to:

- Cervical screening tests at appropriate intervals, as recommended by my provider
- Regular breast mammograms if appropriate, in consultation with provider
- Quitting smoking
- Immunisations
- Regular STI screening, depending on level of risk
- HIV prevention, depending on level of risk
- Regular physical activity, including resistance exercise for bone health
- Healthy eating

Stopping gender affirming hormone therapy is always an option. Please talk to your provider about your goals and your growing and changing self awareness.

Informed Consent for balancing hormones in Gender Diverse people



We believe that you get to make choices about your own body. We respect your choices. This signed document indicates that we have discussed hormone treatment for your needs and that you understand what we know and what we don't know about potential risks of changing the hormone balance in your body, and what changes are permanent and which are not. This document also indicates that one adult in your life over the age of 18 is supporting you in this decision.

Increasing estrogen:

What we know: increasing estrogen will cause...

Permanent changes:

Breasts

Not permanent changes:

Skin changes: softening

Body hair decrease

Body fat redistribution

Is it possible to achieve levels of estrogen in the body that will make these changes by simply taking estrogen alone, sometimes an androgen blocker can help speed the process.

Androgen blockers:

Spironolactone (blood pressure medication that also blocks Testosterone receptors)—side effects of increased urination and possible increase in cortisol, people report brain fog, depression

Bicalutamide: binds and inhibits testosterone receptors—side effects of elevated blood pressure, rash and elevated liver enzymes

What we don't know:

- Effect on long term fertility. There are folks who have been taking estrogen and then stop and are able to produce viable sperm again but we don't know what the long term effects are on these sperm or any new humans created with them.
- How your body with metabolize estrogen. Some people do very well on oral formulations, some need injectables.
- Exact relationship between estrogen levels and development of blood clots but we have not had any difficulty with bio identical estradiol in people without a known clotting disorder.

Please sign here if you have read the above and talked with your provider about any other questions that you might have and you want to begin increasing the estrogen balance in your body.

Printed Patient Name

Date of Birth

Printed Parent Name

Date

Patient Signature

Date

Parent Signature

Exhibit

17

05/15/23

Informed Consent Model of Care

The informed consent model of care respects your fundamental human right to self-determination and bodily autonomy. The purpose of this document is to indicate, in writing, that you consent to feminizing hormone therapy as part of a gender affirmation process. This form may be signed by any person of sound mind over the age of 18, or younger, with the cosignature of a parent or guardian.

This document relates to the hormones estrogen and progesterone, as well as testosterone blocking medications. Your provider will make a medical decision, in consultation with you, about the medications that are best for you, keeping in mind your overall health during your gender affirmation process. Your provider will discuss with you all of the information relating to starting hormone therapy. You are asked to read and understand the following information, and raise any questions you have with your provider.

Patient Information Sheet:

Expected changes on feminizing hormone therapy

Typical changes from **Estrogen** (varies from person to person)

Average timeline 1–3 months after starting estrogen	Effect of Estrogen <ul style="list-style-type: none">• softening of skin• decrease in muscle mass and increase in body fat• redistribution of body fat to buttocks and hips• decrease in sex drive• fewer instances of waking up with an erection or spontaneously having an erection; some trans women also find their erections are less firm during sex, or can't get erect at all• decreased ability to make sperm and ejaculatory fluid
Gradual changes (maximum change after 1–2 years on estrogen)	<ul style="list-style-type: none">• nipple and breast growth• slower growth of facial and body hair• slowed or stopped balding• decrease in testicular size

Typical changes from **Anti-Androgens** (varies from person to person)

Average timeline Testosterone 1–3 months after starting antiandrogens	Effect of blocking <ul style="list-style-type: none">• decreased testosterone in the body• decrease in sex drive• fewer instances of waking up with an erection or spontaneously having an erection; some trans women also have difficulty getting an erection even when they are sexually aroused; some have painful erections• decreased ability to make sperm and ejaculatory fluid
Gradual changes (usually at least 2 years)	<ul style="list-style-type: none">• slower growth of facial and body hair• slowed or stopped balding• slight breast growth (reversible in some cases, not in others)

Patient Information

Permanent changes expected while on feminizing hormone therapy:

- Breast and nipple development
- Decreased testicular size
- Possible permanent infertility

Reversible changes expected while on feminizing hormone therapy:

- Softening of skin
- Decreased muscle mass and increased body fat
- Decreased libido
- Reduced spontaneous morning erections
- Reduced ability to achieve or sustain an erection
- Reduced ability to ejaculate and reduced volume of ejaculatory fluid
- Slowed or stopped balding
- Slowed rate of growth of facial and body hair
- Improved cholesterol

Side effects of feminizing hormone therapy

- Headaches
- Nausea
- Fluid retention and bloating
- Breast and nipple tenderness
- Mood disturbance, such as teariness, depression or anxiety
- Fatigue
- Blood clots, deep vein thrombosis or potentially fatal pulmonary embolism
- Stroke

Potential risks of feminizing hormone therapy:

- Blood clots, deep vein thrombosis or potentially fatal pulmonary embolism
- Stroke
- Increased risk of heart disease or heart attack
- Raised blood pressure
- Liver damage
- Osteoporosis

Feminizing hormone therapy affects everyone differently, and that there is no way to predict exactly how bodies will change. Some of the long term effects of feminizing hormone therapy are not yet known.

Continuing to smoke any product containing nicotine (cigarettes, tobacco, electronic vaporisers) while taking estrogen may increase risk of developing a blood clot, deep vein thrombosis or a potentially fatal pulmonary embolism.

The use of feminizing hormones does not guarantee infertility, and contraception should be used to avoid unwanted pregnancy if having sex with someone who could become pregnant.

Gender affirming hormone therapy means that provider visits will be necessary to have blood tests at regular intervals throughout life. Appointments will be more frequent at first, and then every 6-12 months when hormone levels are stable. Be ready to make this commitment to health.

Gender affirming hormones are only a part of overall health, and a range of preventative health activities are recommended.

These include but are not limited to:

- Regular breast mammograms from an appropriate age, in consultation with my provider
- Quitting smoking
- Immunizations
- Regular STI screening, depending on my level of risk
- HIV prevention, depending on my level of risk
- Regular physical activity, including resistance exercise for bone health
- Healthy eating

Stopping gender affirming hormone therapy is always an option. Please talk to your provider about your goals and your growing and changing self awareness.

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Feminizing Social Transitions: What to know

Transitioning is any change or adjustment that decreases feelings of dysphoria and increases feelings of euphoria or feeling affirmed in your gender expression.

Transitions can be social, medical, surgical, and/or legal.

There is a long list of ways someone can transition socially. For someone who is feminizing, this may look like...

Shifting pronouns

Shifting pronouns to she/her, they/she, she/they, or other pronouns that feel affirming are some of the first social transitions people try out. Finding pronouns that feel affirming and in line with your gender identity is important.

Changing names

Changing one's name is another social transition that people find to be affirming. One may practice trying different names out online, with romantic partners, family, or friends.

Tucking garments

Those looking to feminize may benefit from using tucking garments. These are garments that safely tuck the penis to diminish the look of a bulge and help one feel more comfortable in certain clothing.

Dressing differently

Changing the way that one dresses may aid in reducing feelings of dysphoria. Wearing more traditionally feminine clothing/shoes/accessories/undergarments or other clothing that feels affirming to one's gender expression can be helpful.

Wearing makeup and painting nails

Wearing makeup and painting finger/toenails are more ways people can feel more affirmed in their gender expression and can decrease feelings of dysphoria.

Wearing prosthetics

Wearing prosthetics that give the appearance of a larger chest may help those that are feminizing to feel more affirmed in their gender identity. This may also be done by stuffing a bra with socks or other materials.

Exhibit

18

05/15/23

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Masculinizing Social Transitions: What to know

Transitioning is any change or adjustment that decreases feelings of dysphoria and increases feelings of euphoria or feeling affirmed in your gender expression.

Transitions can be social, medical, surgical, and/or legal.

There is a long list of ways someone can transition socially. For someone who is masculinizing, this may look like...

Shifting pronouns

Shifting pronouns to he/him, they/he, he/they, or other pronouns that feel affirming are some of the first social transitions people try out. Finding pronouns that feel affirming and in line with your gender identity is important.

Changing names

Changing one's name is another social transition that people find to be affirming. One may practice trying different names out online, with romantic partners, family, or friends.

Chest binding

Binding the chest to give the appearance of a more flat chest may feel affirming to someone who is looking to masculinize. Ensuring that you are binding correctly with garments made for this purpose is extremely important. Do not bind with Ace bandages.

Using stand-to-pee devices

Using stand-to-pee devices can be helpful for those that may have dysphoria about how their pee sounds or their inability to use a urinal.

Using a packer

Packers may be used to give the feeling or look of having a penis.

Dressing differently

Dressing in a way that feels more masculine can be a great way to express one's gender. This could mean wearing clothes/shoes/accessories that are considered traditionally masculine, wearing boxers/briefs, or any other items that feel affirming.

Using period underwear

Periods can cause feelings of dysphoria and using traditional period products isn't always ideal for those using the men's restroom. Underwear from brands like Thinx are made to be worn during one's period and can be washed for continual use.

Exhibit

19

05/15/23

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